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Universitair Medisch Centrum Rotterdam



EUROPEAN
SOCIETY OF
CARDIOLOGY®

Europace (2007) 9, 1
doi:10.1093/europace/eul181

On Europace

EHRA Summit - April 2007

L. Jordaens



Editorial

On 1 January 2007, I took over as Editor-in-Chief of *Europace*. Richard Sutton, the Founding Editor, left the journal in very good shape, moving ahead on all fronts. The journal is published monthly, the submission of manuscripts is at an all time high, and the impact factor is better than ever. The journal, and its new editor, congratulates and thanks Richard for his clear vision and careful stewardship. The journal will continue to acknowledge on the masthead his role as its founding editor.

The ordinary reader will not know, but its editors and those who referee for the journal know very well that many a manuscript that has been rejected by *Europace* now appears in competitor journals. This is true accolade for a journal which is thriving and which will succeed. I know that the journal and its editors can rely on your support.

John Camm

Embarcation points

- What do we want ?
- What do our readers want ?
 - who is our reader ?
 - who want we to be our readers ?

who is our reader ?

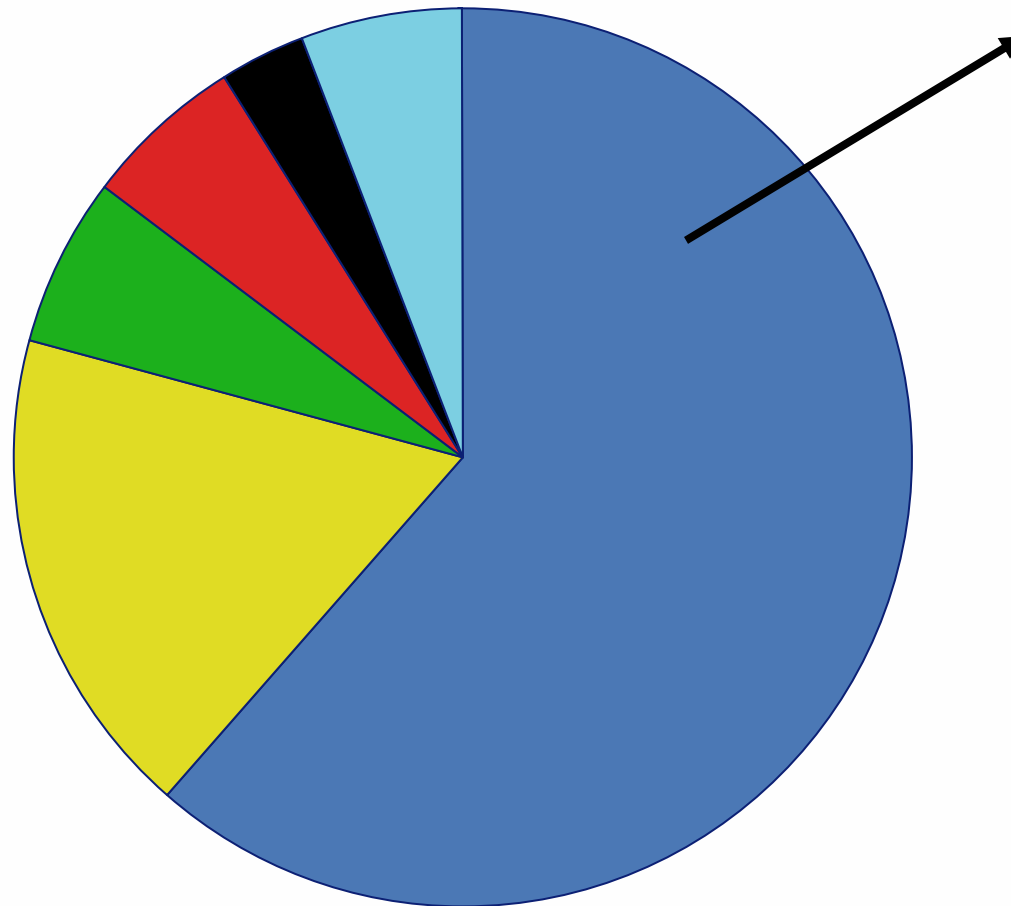
- The attendants of Europace
(Copenhagen and later on) – *only now*
- Targets are:
 - The readers of HR, JCE
 - The consumers of PACE

who is our reader ?

- The attendants of Europace
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→ Survey of D. Zipes in Heart Rhythm

*Respondents of
readers survey (n = 308)*



*EP, Cardiology,
Allied Health,
Internal Medicine*



Readers survey Heart Rhythm : regular readers are



- 88% of physicians vs 60% nurses, 68% researchers, educators; 79% technologists
 - U-shaped for age: i.e. the younger and the elder
 - 93% international members vs 74% US members
-

Readers survey Heart Rhythm :
Interesting points:

- Online access is OK (57%); online publishing is not (17%)
 - Online only: 46% not interested
 - Easy navigation is important; 2/3ds of online users reads selected articles
-

About Oxford Journals

Oxford Journals is a division of Oxford University Press (OUP)

OUP is a department of Oxford University

OUP is the largest, most successful university press in the world, with branches in over 30 countries

All publishing surpluses are either:

- Shared with our publishing partners, such as the ESC/EHRA
- Invested into current and future publishing projects
- Fed back into the university



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Why does this matter to *Europace*?

- We are a ‘profit-for-purpose’ publisher – combining commercial drive, with qualities such as innovation and service
- Our mission is to further the University's objective of excellence in research, scholarship, and education by publishing worldwide. We therefore have common goals with the EHRA/ESC
- We are a part of the academic community – we work with you to help you improve clinical research and therefore **focus on quality**



Europace Production

Europace is now monthly

Articles can be published online ahead of print

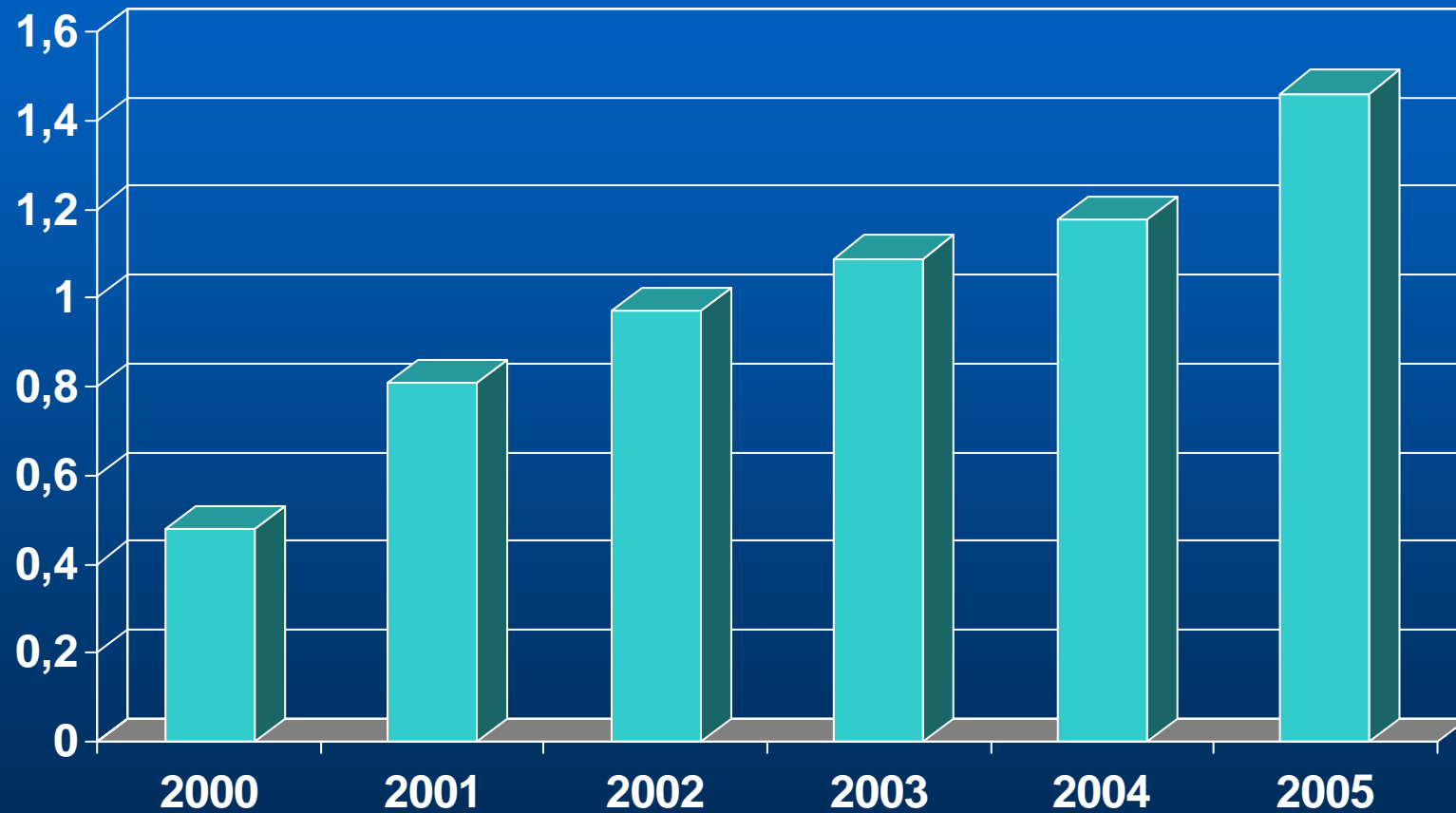
Publication times

- Proofs produced within 10 days
- Average time from acceptance to online publication is 11 weeks



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Impact Factor of Europace over the years



Impact measures of EP Journals

Data 2004

| | Cites | Impact | Immediacy | Art. | ½ L |
|------|-------|--------|-----------|------|-----|
| PACE | 4097 | 1,019 | 0,104 | 278 | 6,4 |
| JCE | 4258 | 2,967 | 0,717 | 205 | 4,2 |
| JICE | 384 | 0,899 | 0,145 | 76 | 3,9 |

Impact measures of EP Journals

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| Europace | 407 | 1,176 | 0,345 | 87 | 3,2 |

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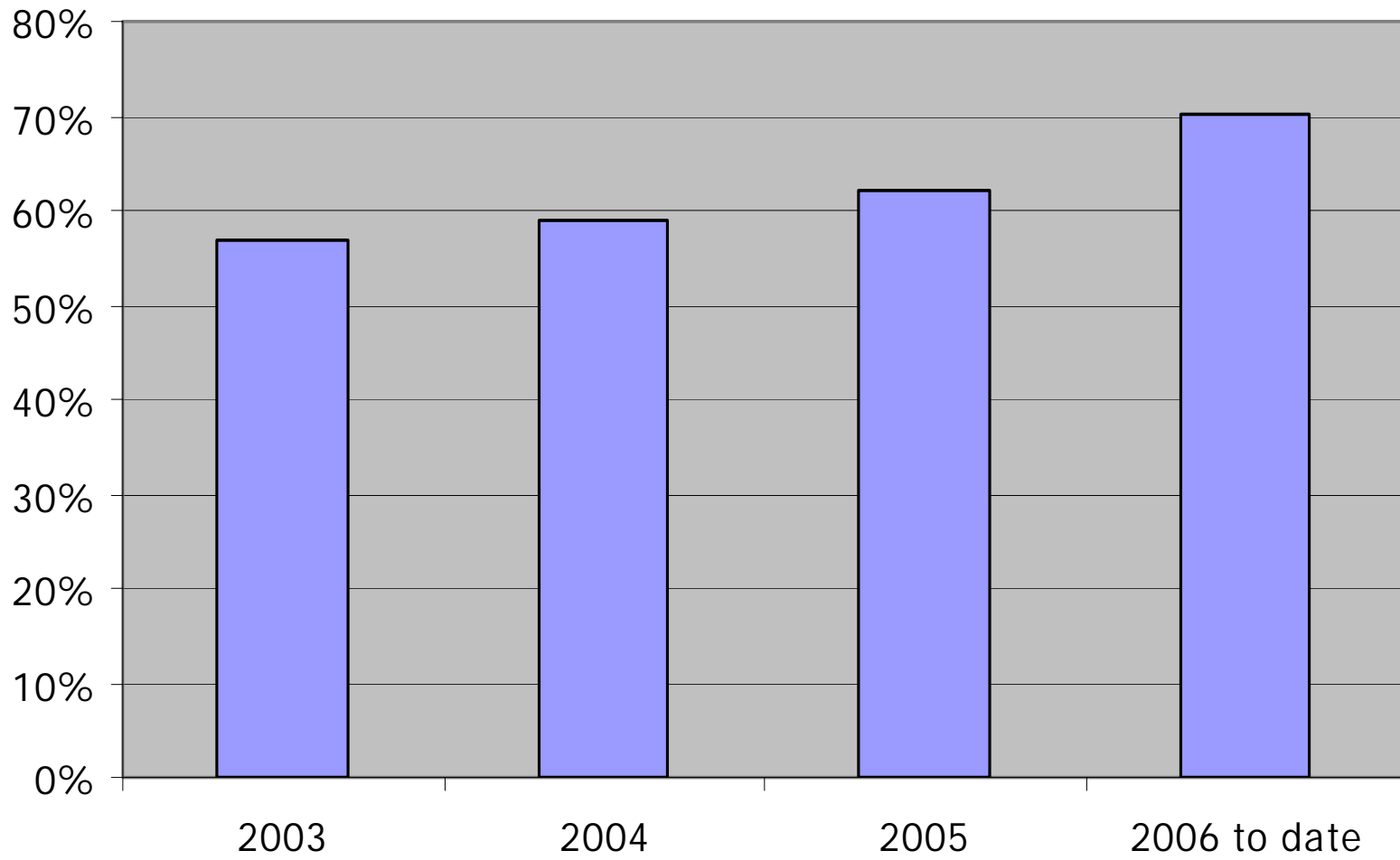
Main info of EP Journals

| | PACE | JCE | HR | JICE | EUROPACE |
|-------------|-------------|------------|-----------|-------------|-----------------|
| age | 27 | 16 | 3 | 15 | 8 |
| issues | M | M | M | 9/12 | M |
| Impact 2005 | 1,279 | 3,285 | 2,667 | 1,090 | 1,461 |
| Ed in Chief | Fisher | Prystowsky | Zipes | Saksena | Sutton -> AJC |
| Ass Eds | 2+4+5 | 3+3+4 | 16 | 10 | 1+4 |
| Board mbrs | 42+9 | 106 | 102 | 56 | 54 |
| consultants | | | | 3 | |

Reviewing time

| Reviewing time | 2004 | 2005 | 2006 |
|---|------|------|------|
| Days to respond to invitation | 13.1 | 17 | 7.9 |
| Days to complete review (from date invited) | 30.7 | 34.4 | 20.1 |
| Number of reviews per reviewer | 1.8 | 2 | 1.4 |

Rejection rate



On the review process

- review time should improve
now expected within 7 days !
- active reviewers should be awarded
will be mentioned when ms is
published

On the editorial board:

- Quality is more important than quantity
- Inactive members are identified
- Commitment of angry, young assistant editors sought – this is done now
- Larger board will be renewed from June 2007

On the composition of the board

- Editor
- Deputy editor
- Assistant editors
- Supplement editor
- Founding editor

On the assistant editors

- They should help with decision making and identify fast, reliable reviewers
 - They should guarantee the quality of the papers accepted in their section
 - They should write editorials
 - Definition of their task, letter of commitment
-

Sections

- Basic science
 - Basic EP
 - Molecular Biology
 - Anatomy
 - Translational Res.
 - ECG, arrhythmia
 - Pharmacology
 - Clinical trials
 - Clinical EP
 - EP and imaging
 - Pacing, impl. monitors
 - ICD
 - Heart failure, BVP
 - Ablation
 - Atrial Fibrillation
 - Syncope
-

Europace Online Functionality, continued

ECG signs mimicking acute inferior wall myocardial infarction are associated with elevated myocardial enzymes during isolation of pulmonary vein for focal atrial fibrillation

Joerg Otto Schwab*, Dietmar Burkhardt, Alexander Yang, Jan Schrickel, Berndt Lüderitz and Thorsten Lewalter

Department of Medicine—Cardiology, University of Bonn Sigmund-Freud-Strasse 25, 53105 Bonn, Germany

In this study, we report an intraprocedural incident in patients undergoing ablation for atrial fibrillation. During left atrial manipulation our patients suffered from acute chest pain, showed ECG signs of an acute inferior wall myocardial infarction, and increased levels of cardiac Troponin I (cTnI). We strongly recommend being aware of unexpected reactions during isolating pulmonary veins for focal atrial fibrillation, especially when passing the dorsal part of the left atrium. If pericardial effusion is ruled out and ECG signs as well as symptoms disappear, the ablation procedure should proceed. We think patients undergoing pulmonary vein ablation for atrial fibrillation should be informed of this threatening complication.

Key Words: pulmonary vein isolation, ablation, atrial fibrillation, complete heart block, myocardial infarction

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Europace Online Functionality, continued



Key existing features

Reference links

Links to similar papers

Links to ISI, showing number of citations

Supplementary data



Europace Online Functionality, continued



Key existing features

Reference links

Links to similar papers

Links to ISI, showing number of citations

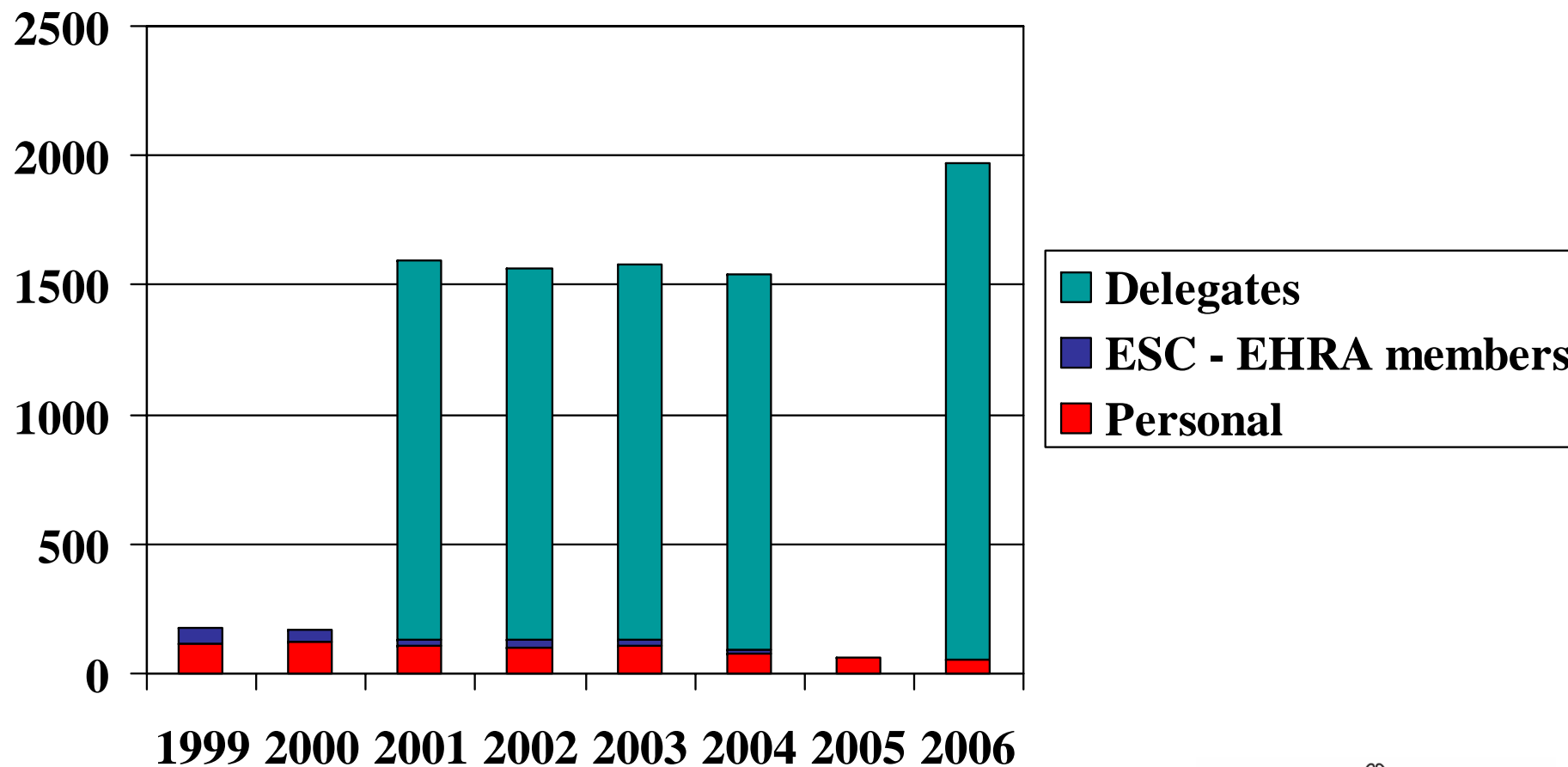
Supplementary data

Framed PDFs

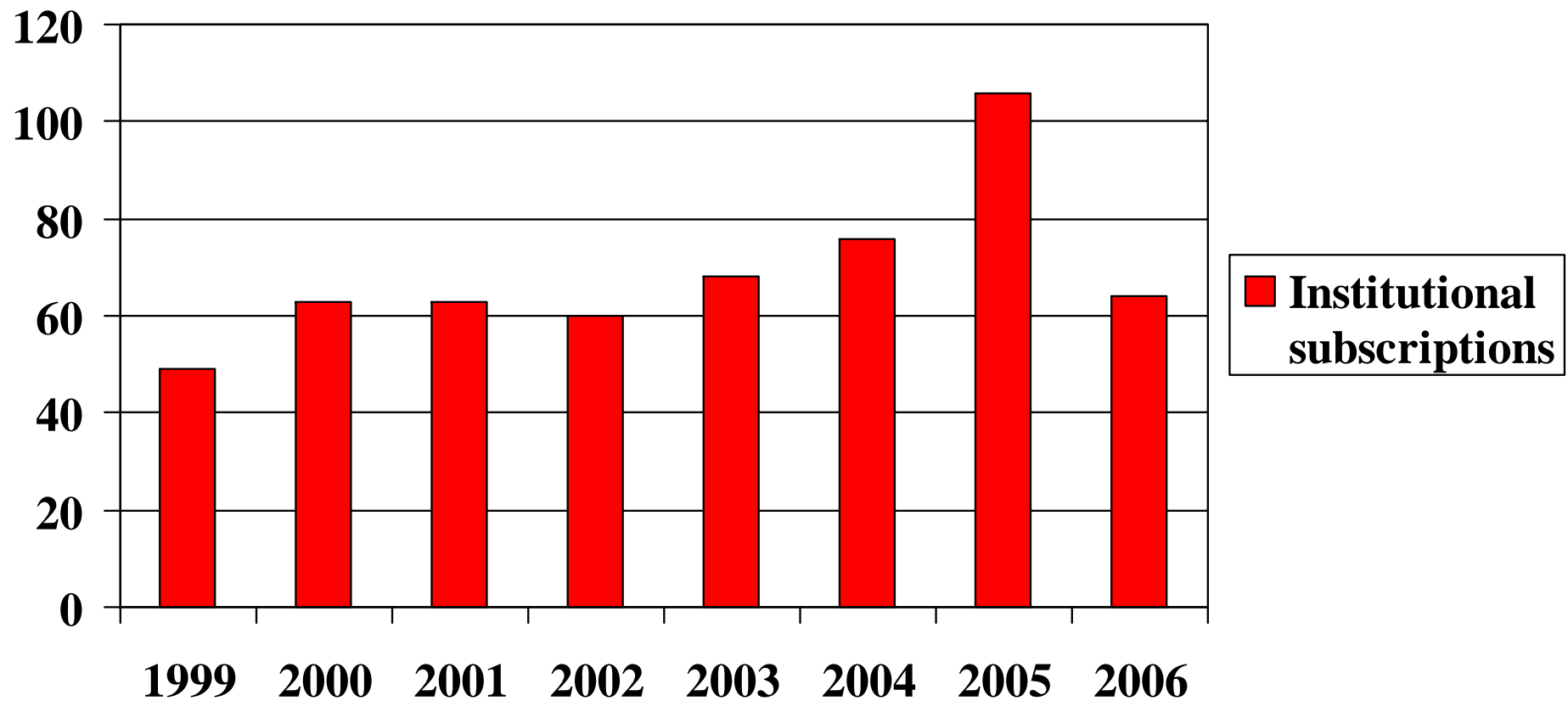
Export images to PowerPoint – *COMING SOON*



Europace – Membership Subscriptions



Europace – Institutions with Access



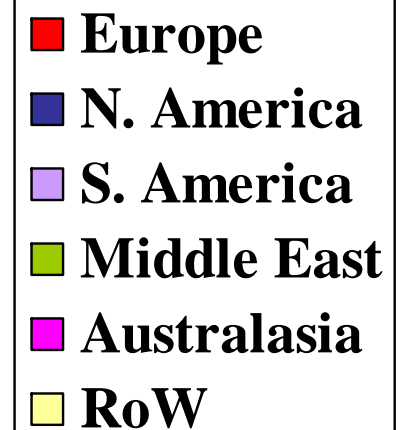
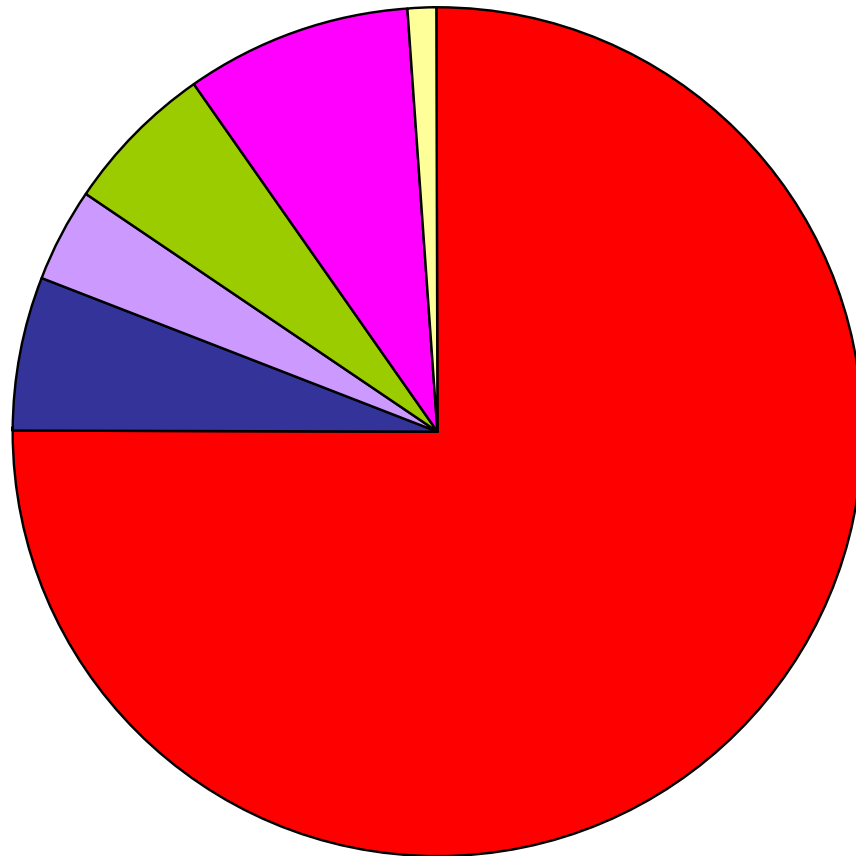
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Note: these data do not include institutes that can access *Europace* through consortia and aggregator agreements



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Europace – subscriber distribution



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Europace Advertisers

Confirmed:

St Jude- 6 pages

Biotronik- 7 pages

Medtronic – 3 pages

GE HealthCare (new advertiser) x 1 page

Cook Vascular (new advertiser) x 1 page



On submissions

- original papers are the backbone of the journal
- case reports will be tailored
- images will be used to fill gaps
- more editorials will be there
- educational reviews and reviews on basic arrhythmology

The role of EHRA

- structural support with subscriptions
- individual involvement by active members with reviewing /editorials
- **commitment to this european initiative by submitting good work**
- better coordination with EHJ